The mission of OPHA is to provide leadership on issues affecting the public's health and to strengthen the impact of people who are active in public and community health throughout Ontario.



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Constituent Societies

Alliance for Healthier Communities

Association of Public Health Epidemiologists in Ontario (APHEO)

Association of Supervisors of Public Health Inspectors of Ontario (ASPHIO)

Canadian Institute of Public Health Inspectors (Ontario Branch) (CIPHIO)

Community Health Nurses' Initiatives Group (RNAO)

Health Promotion Ontario (HPO)

Ontario Association of Public Health Dentistry (OAPHD)

Ontario Association of Public Health Nursing Leaders, (OAPHNL)

Ontario Dietitians in Public Health (ODPH)

Ontario Society of Physical Activity Promoters in Public Health (OSPAPPH)

Charitable Registration Number 11924 8771 RR0001 The Honourable Christine Elliott Minister of Health and Long-Term Care College Park 5th Floor, 777 Bay Street Toronto, ON M7A 2J3

June 13, 2019

Dear Minister Elliott,

On behalf of the Ontario Public Health Association (OPHA) and the members of our Built Environment Workgroup, we want to highlight the rationale for and core work that OPHA and local public health units have been doing, across sectors, to drive better health through "healthy complete communities." We are particularly keen to offer suggestions about ways this critical work could be strengthened through increased provincial coordination, which would support your government's efforts to reduce healthcare costs and resolve hallway medicine.

We particularly wish to highlight this work given your Ministry's recent commitment to public health modernization, and the positive economic and health impacts associated with such work despite it not being as visible as some other aspects of public health. This letter, and the accompanying attachment, demonstrates that advocating for, designing, and building healthy complete communities offers the best hope in the long run for decreasing chronic disease rates, preventing vehicular death and injury, and improving air and water quality. Such work is also critically timely in light of your government's review of Ontario's Growth Plan and planning legislation.

Our accompanying attachment is a primer that outlines:

- research demonstrating how community design can impact people's health;
- economic costs of poor health arising from community design; and
- how public health is making a difference in encouraging healthier community design.

In reviewing the attachment, you and your staff will note that there are substantial health and economic benefits associated with designing healthy complete communities that make this work a public health priority. A core function of public health practice, work on healthy community design complements traditional direct-to-client services in protecting, promoting, and optimizing the health of Ontarians.

Having a focal point within your ministry, such as an internal committee or a staff lead on health and the built environment, would facilitate greater knowledge exchange, coordination of activities and training to build on what OPHA, our built environment volunteer workgroup, and local health units have achieved to date. Provincial leadership might also solidify the links and influence public health has had with ministries such as Municipal Affairs and Housing and Ontario's Growth Secretariat.

Given this, we would be pleased to meet with members of your team and the ministry to further explore how we might work together and provide additional examples of how this important public health work will help your Ministry achieve its goals of promoting health and reducing hallway medicine in Ontario.

Thank you for your consideration.

P. Wash

Pegeen Walsh

C.c. Dr. David Williams, Ontario's Chief Medical Officer of Health

More about the Ontario Public Health Association

We are a member-based charity that has been advancing the public health agenda since 1949. OPHA provides leadership on issues affecting the public's health and strengthens the impact of those who are active in public and community health throughout Ontario. OPHA does this through a variety of means including promoting public dialogue and education on healthy public policy, capacity building, research and knowledge exchange. Our membership brings together many different disciplines and sectors working together to achieve our shared vision of optimal health for all.

Appendix A

A Primer on Healthy Complete Communities

Changing the built environment is a cost-effective way to promote community wellness:

Insufficient physical activity is considered to be responsible for more than half of the \$4.9 billions of attributable health care costs resulting from Ontarians unhealthy behaviours. Changing the built environment is a cost-effective way to promote community wellness, through fostering physical activity, increasing community cohesion, encouraging healthy diets and promoting mental wellness. As quoted in the 2017 Ontario Chief Medical Officer of Health Report, it is unreasonable to expect large proportions of the population to make individual behaviour changes when they are discouraged by existing environment and social norms.

Preventable Diseases are Driving Health Care Costs:

Chronic diseases, such as heart disease and diabetes, remain leading causes of death and poor health in Ontario and Canada. For example, from 2011–2012, the overall attributable healthcare costs for cases of diabetes in Ontario was \$292million. The injury and death from motor vehicle crashes similarly represent the leading cause of premature death and disability among young adults aged 16-25. Poor air quality continues to be associated with chronic respiratory illness and longer-term outcomes like cardiovascular disease, while longer, more stressful commutes affect the mental health and well-being of many and robbing them of time with their families at home.

We've engineered physical activity out of our lives and it's costing us:

At the heart of many of these critical health issues is community design. Having engineered physical activity and active transportation options out of our lives has directly contributed to the growth of chronic disease and mental illness that we observe in contemporary society. Similarly, the pre-eminence of the car in many communities means many have no choice but to drive, resulting in emissions that worsen air quality and contribute to climate change. When people do drive, many do so distracted, too quickly, and while tired, which results in death and injury on the roads.

Public health, together with many partners who work on healthy built environments, recognize that many health issues require a comprehensive approach in order to turn the tide. Unfortunately, our current focus on frontline trauma services or diabetes clinics does not address the reasons why people become injured or develop chronic illness. In the long run, it is changing and shaping our communities towards becoming more health promoting that will ultimately reverse the negative health impacts that affect Ontarians, every day and over a lifetime. Health derives very much from how and where we live, and access to healthcare services is only one part of what keeps Ontarians well.

The economic impacts of poor health arising from community design cannot be understated. A 2014 report by Medical Officers of Health in the Greater Toronto and Hamilton Area identified a cost of nearly \$4 billion in direct and indirect health costs associated with physical inactivity, obesity, and diabetes, which in particular was singled out as an "economic tsunami." That same report identified that the cost did not account for the costs of the other health outcomes associated with poor community design.

Multi-Sector Strategies are Working:

Work on healthy community design is highly multidisciplinary, with numerous partnerships engaged across communities among public health departments, municipal departments, academics, community groups, and front-line providers to create contexts that make the healthier choice the easier choice. Efforts to keep people healthy through shaping safer community contexts are central to the work of a multidisciplinary group of public health professionals (e.g., doctors, nurses, planners, epidemiologists, health promoters, inspectors, hygienists). Whether it's complete streets to improve safety and encourage physical activity, sidewalks and cycle paths that are widespread and available, or improved access to public transit, this work is having a bona fide impact on the health of Ontarians individually and writ large.

Public Health's Efforts are Making a Difference:

Three years ago, OPHA's Built Environment Workgroup designed and launched a free online course to promote increased collaboration among planners and public health professionals to create healthier built environments. The course has been well received by some 1,400 planning and public health professionals and students. Innovations have ranged from health being included in municipal master plans, bike lanes being added to new street designs, companies creating employee walking paths to developers mapping out subdivisions with central services within walking distances.